

OPERATION HOUSE CALL – LOUISIANA

FAMILY VOLUNTEER FORM

Name _____

Address _____

Phone (H) _____ (Work or Cell) _____

In order to utilize a broad spectrum of families who represent children of all ages and abilities I will need some information about you and your family. This will also be used to provide brief, confidential, and biographic information for the resident physicians.

Please take a few minutes to answer these questions:

1. CHILD'S NAME _____

2. DATE OF BIRTH _____ AGE: _____

3. WHAT IS THE NATURE OF YOUR CHILD'S SPECIAL NEEDS? (Please be specific, i.e seizure disorder, non-verbal, etc.)

4. HOW MANY PEOPLE IN YOUR FAMILY? _____

NAMES:	
BROTHER _____	AGES _____
SISTER _____	AGES _____
OTHERs _____	AGES _____

5. CAN YOU MAKE A COMMITMENT TO HOST ONE RESIDENT PHYSICIAN AT LEAST TWICE IN ONE YEAR?

YES _____ NO _____

6. WOULD YOU BE WILLING TO ATTEND AN ORIENTATION FOR FAMILIES WHO AGREE TO PARTICPATE?

YES _____ NO _____



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